

<p><b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720</p> <p><b>District II</b> 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720</p> <p><b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170</p> <p><b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462</p>	<p><b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b></p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 50px; left: 50px;">HOBBE OCD MAY 08 2018 RECEIVED</p>	<p>Form C-103 August 1, 2011 Permit 251973</p>
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<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: O	7. Lease Name or Unit Agreement Name TOUR BUS 23 STATE
2. Name of Operator CENTENNIAL RESOURCE PRODUCTION, LLC	8. Well Number 301H
3. Address of Operator 1001 17th Street Suite 18, Denver, CO 80202	9. OGRID Number 372165
4. Well Location Unit Letter <u>D</u> : <u>310</u> feet from the <u>N</u> line and feet <u>330</u> from the <u>W</u> line Section <u>23</u> Township <u>22S</u> Range <u>34E</u> NMPM _____ County <u>Lea</u>	10. Pool name or Wildcat

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
3489 GR

Pit or Below-grade Tank Application  or Closure

Pit Type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
Other: _____		Other: <b>Perforations/Tubing</b> <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was performed from 04/04/2018 - 04/12/2018. Artificial Lift placed in well 04/26/2018.

**Perforations**

**Pool: OJO CHISO; BONE SPRING , 96553 Location: D -23-22S-34E 309 N 330 W**

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
13371	13592	N	6	0.41	Sand	Frac	9966140
13371	13592	N	6	0.41	SlickWater	Acid	9034704
9852	13592	N	4	0.41	Sand	Frac	9966140
9852	13592	N	4	0.41	SlickWater	Acid	9034704

**Tubing**

<b>OJO CHISO;BONE SPRING , 96553</b>	Tubing Size	Type	Depth Set	Packer Set
	2.875	L-80	9074	9053

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE: Digitally signed by Melissa Luke  
DN: cn=Melissa Luke, c=US, o=Centennial Resources Production, LLC, ou=SR Regulatory Analyst, email=melissa.luke@cdevinc.com  
Type or print \_\_\_\_\_ TITLE Sr. Regulatory Analyst DATE 05/08/2018  
E-mail address melissa.luke@cdevinc.com Telephone No. 720-499-1482

**For State Use Only:** APPROVED BY: TITLE Staff Mgr DATE 5-8-18

